

Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| | | | | | | | | | | | |
|--|--------------------------|-------------------|-------------------------|---|----------------------|-----------------|---|------------------------------|--|------------|-------------|
| Filer Identification Number : 2024C0240 | | Report Filed By : | | CANDIDATE <input checked="" type="checkbox"/> | | COMMITTEE | | LOBBYIST | | | |
| Name of Filing Committee, Candidate or Lobbyist: DEVLIN ROBINSON | | | | | | | | | | | |
| Street Address: | | | | | | | | | | | |
| City: | | | | State: | | Zip Code: 15017 | | | | | |
| TYPE OF REPORT (place X to the right of report type) | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRE-PRIMARY | 2. | 30 DAY POST-PRIMARY | 3. | AMENDMENT REPORT? | Yes | No <input checked="" type="checkbox"/> | | |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY POST-ELECTION | 6. | TERMINATION REPORT? | Yes | No <input checked="" type="checkbox"/> | | |
| | ANNUAL REPORT | 7. X | Year 2024 | FILING METHOD () CHECK ONE | | | PAPER <input checked="" type="checkbox"/> | DISKETTE | | | |
| Name of Office Sought by Candidate: | | | | | DATE OF ELECTION | | | District Number | Office Code | Party Code | County Code |
| SENATOR IN THE GENERAL ASSEMBLY | | | | | MO | DAY | YEAR | 37 | STS | REP | |
| | | | | | 11 | 5 | 2024 | (SEE INSTRUCTIONS FOR CODES) | | | |
| Summary of Receipts and Expenditures from: | | MO | DAY | YEAR | TO | MO | DAY | YEAR | FOR OFFICE USE ONLY | | |
| | | 11 | 26 | 2024 | | 12 | 31 | 2024 | | | |
| A. Amount Brought Forward From Last Report | | | | | \$ | | 0.00 | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | \$ | | 5,842.88 | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | \$ | | 5,842.88 | | | | |
| D. Total Expenditures (From Schedule III) | | | | | \$ | | 5,842.88 | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | \$ | | 0.00 | | | | |
| F. Value Of In-Kind Contributions Received (From Schedule II) | | | | | \$ | | 0.00 | | | | |
| G. Unpaid Debts And Obligations (From Schedule IV) | | | | | \$ | | 0.00 | | | | |

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

| | |
|--|---|
| Name of Filing Committee or Candidate | Reporting Period |
| DEVLIN ROBINSON | From: <u>11/26/2024</u> To: <u>12/31/2024</u> |

| | |
|--|---------|
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | |
| TOTAL for the Reporting Period (1) | \$ 0.00 |

| | |
|--|---------|
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) | |
| Contributions Received From Political Committees (Part A) | \$ 0.00 |
| All Other Contributions (Part B) | \$ 0.00 |
| TOTAL for the Reporting Period (2) | \$ 0.00 |

| | |
|---|---------|
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | |
| Contributions Received From Political Committees (Part C) | \$ 0.00 |
| All Other Contributions (Part D) | \$ 0.00 |
| TOTAL for the Reporting Period (3) | \$ 0.00 |

| | |
|--|-------------|
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) | |
| TOTAL for the Reporting Period (4) | \$ 5,842.88 |

| | |
|---|-------------|
| Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.) | \$ 5,842.88 |
|---|-------------|

| <div> <div> <div>PART A</div> <div>CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</div> <div>\$50.01 TO \$250.00</div> <div> Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period. </div> </div> </div> | | | | | | | |
|---|-------|-------------------|--|-----------------------|--------|------|---------|
| Name of Filing Committee or Candidate | | | | Reporting Period | | | |
| | | | | From: _____ To: _____ | | | |
| | | | | DATE | AMOUNT | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | | |
| City | State | Zip Code (Plus 4) | | | | | |

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

| | |
|-------------------|------|
| PAGE TOTAL | |
| \$ | 0.00 |

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

| | | |
|---------------------------------------|------------------|-----|
| Name of Filing Committee or Candidate | Reporting Period | |
| | From: | To: |

| | | | DATE | | | AMOUNT | |
|-------------------------------------|-------|-------------------|------|-----|------|---------|--|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 0.00 | |
| Mailing Address | | | | | | | |
| City | State | Zip Code (Plus 4) | | | | | |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

| |
|-------------------|
| PAGE TOTAL |
| \$ 0.00 |

PART D
ALL OTHER CONTRIBUTIONS
OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)

| | |
|---------------------------------------|--|
| Name of Filing Committee or Candidate | Reporting Period |
| | From: To: |

| | | | DATE | AMOUNT |
|--|-------|-------------------|-------------------|---------|
| Full Name of Contributor | | | MO | DAY |
| Mailing Address | | | YEAR | \$ 0.00 |
| City | State | Zip Code (Plus 4) | | |
| Employer Name | | | Occupation | |
| Employer Mailing Address/Principal Place of Business | City | State | Zip Code (Plus 4) | |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

| |
|-------------------|
| PAGE TOTAL |
| \$ 0.00 |

PART E OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

| | |
|---|--|
| Name of Filing Committee or Candidate DEVLIN ROBINSON | Reporting Period From: <u>11/26/2024</u> To: <u>12/31/2024</u> |
|---|--|

| | | | | DATE | | AMOUNT | |
|---|--|----------|-------------------------|------|-----|--------|-------------|
| Full Name | | | | MO | DAY | YEAR | \$ 3,604.88 |
| FRIENDS OF DEVLIN ROBINSON | | | | | | | |
| Mailing Address PO BOX 81 | | | | | | | |
| City HERSHEY | | State PA | Zip Code (Plus 4) 17033 | | | | |
| Receipt Description EXPENSE REIMBURSEMENT | | | | | | | |

| | | | | | | | |
|---|--|----------|-------------------------|----|-----|------|-------------|
| Full Name | | | | MO | DAY | YEAR | \$ 2,238.00 |
| FRIENDS OF DEVLIN ROBINSON | | | | 12 | 6 | 2024 | |
| Mailing Address PO BOX 81 | | | | | | | |
| City HERSHEY | | State PA | Zip Code (Plus 4) 17033 | | | | |
| Receipt Description EXPENSE REIMBURSEMENT | | | | | | | |

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

| |
|-------------------|
| PAGE TOTAL |
| \$ 5,842.88 |

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.**

Detailed Summary Page

| | | | |
|--|--|---|---------|
| Name of Filing Committee or Candidate | | Reporting Period | |
| DEVLIN ROBINSON | | From: <u>11/26/2024</u> To: <u>12/31/2024</u> | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | |
| TOTAL for the Reporting Period | | (1) | \$ 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | | |
| TOTAL for the Reporting Period | | (2) | \$ 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Period | | (3) | \$ 0.00 |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.) | | | \$ 0.00 |

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

| | |
|---------------------------------------|--|
| Name of Filing Committee or Candidate | Reporting Period From: To: |
|---------------------------------------|--|

| | | | DATE | | | AMOUNT |
|---|-------|-------------------|------|-----|------|----------------------------------|
| Full Name of Contributor | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | | | | |
| Description of Contribution: | | | | | | |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2. | | | | | | PAGE TOTAL \$ 0.00 |

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

| | |
|---------------------------------------|------------------|
| Name of Filing Committee or Candidate | Reporting Period |
| | From: To: |

| | | | | DATE | | AMOUNT | |
|---|-------|------------------|-------|------------------|-----------------------------|--------------------|---------|
| Full Name of Contributor | | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | | |
| City | State | Zip Code(Plus 4) | | | | | |
| Employer of Contributor | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | City | State | Zip Code(Plus 4) | Description of Contribution | | |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. | | | | | | PAGE TOTAL 0.00 | |

SCHEDULE III STATEMENT OF EXPENDITURES

| | |
|--|--|
| Name of Filing Committee or Candidate | Reporting Period |
| DEVLIN ROBINSON | From <u>11/26/2024</u> To: <u>12/31/2024</u> |

| DATE | | | | AMOUNT |
|--|-----------------|--------------------------------|--|----------------------------------|
| To Whom Paid | MO | DAY | YEAR | |
| OUTDOOR ODYESSY | | | | |
| Mailing Address 450 BOY SCOUT ROAD | 12 | 6 | 2024 | \$ 950.00 |
| City BOSWELL | State PA | Zip Code (Plus 4) 15531 | Description of Expenditure DONATION | |
| To Whom Paid | MO | DAY | YEAR | |
| CONRAD HOTEL | | | | |
| Mailing Address 950 NEW YORK AVE. NW | 11 | 26 | 2024 | \$ 1,288.00 |
| City WASHINGTON | State DC | Zip Code (Plus 4) 20001 | Description of Expenditure TRAVEL EXPENSE | |
| To Whom Paid | MO | DAY | YEAR | |
| ENTERPRISE | | | | |
| Mailing Address 1160 WASHINGTON PIKE | 12 | 10 | 2024 | \$ 73.00 |
| City BRIDGEVILLE | State PA | Zip Code (Plus 4) 15017 | Description of Expenditure CAR RENTAL FEES | |
| To Whom Paid | MO | DAY | YEAR | |
| COURTYARD MARRIOTT | | | | |
| Mailing Address 866 3RD AVE. | 12 | 8 | 2024 | \$ 2,424.00 |
| City NY | State NY | Zip Code (Plus 4) 10022 | Description of Expenditure TRAVEL EXPENSE | |
| To Whom Paid | MO | DAY | YEAR | |
| DELTA | | | | |
| Mailing Address 1030 DELTA BLVD. | 11 | 28 | 2024 | \$ 778.95 |
| City ATLANTA | State GA | Zip Code (Plus 4) 30354 | Description of Expenditure TRAVEL EXPENSE | |
| To Whom Paid | MO | DAY | YEAR | |
| UBER | | | | |
| Mailing Address 1725 3RD ST. | 12 | 8 | 2024 | \$ 328.93 |
| City SAN FRANCISCO | State CA | Zip Code (Plus 4) 94158 | Description of Expenditure TRAVEL EXPENSE | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | PAGE TOTAL \$ 5,842.88 |

